



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E495805**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	2015-00203228	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

DATE OF COLLISION	12 - 18 - 2015	TIME (2400)	1840	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9 NE		BLOCK NO. <input type="checkbox"/>
		MILE POST <input type="checkbox"/>

DISTANCE	<input type="checkbox"/>	MILES	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SOPER HILL RD
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE	D: 4253459221
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LAST NAME	ROTH	FIRST NAME	MARY	MIDDLE INITIAL	K
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STREET NEW ADDRESS	1906 HOYT AVE
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CITY	EVERETT	ST	WA	ZIP	982012238
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	ROTH*MK112CN	STATE	WA	SEX	F	D.O.B. MMDDYYYY	02 - 15 - 1989
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AHC0044	STATE	WA	VIN#	1FALP6536WK134061
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1998	MAKE	FORD	MODEL	CON4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **JOSHUA ROTH 31719 78TH DR NW STANWOOD WA 98292**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS G00754024900
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE	D: 3606325227
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LAST NAME	MORAN	FIRST NAME	KENZIE	MIDDLE INITIAL	D
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STREET NEW ADDRESS	2033 187TH PL SE
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CITY	BOTHELL	ST	WA	ZIP	980128725
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MORANKD012DB	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03 - 02 - 1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES
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LICENSE PLATE #	WT4ME2	STATE	WA	VIN#	JT3HP10V3Y0241003
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	TOYO	MODEL	RAV4D	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **MARY REHBERG 804 87TH AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 016267190U
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. HEINEMANN	BADGE OR ID #	0133	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E495805

CASE #

2015-00203228

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On the listed date and time Unit 1 was traveling northbound on SR 9 NE at Soper Hill RD. Unit 1 failed to slow/stop for the traffic in front of her and collided with the back of Unit 2. The driver was transported for minor injuries, (possible concussion). Unit 2 was towed privately, unit 1 was left on the shoulder.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-19-15 11:17 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 0079

DATE

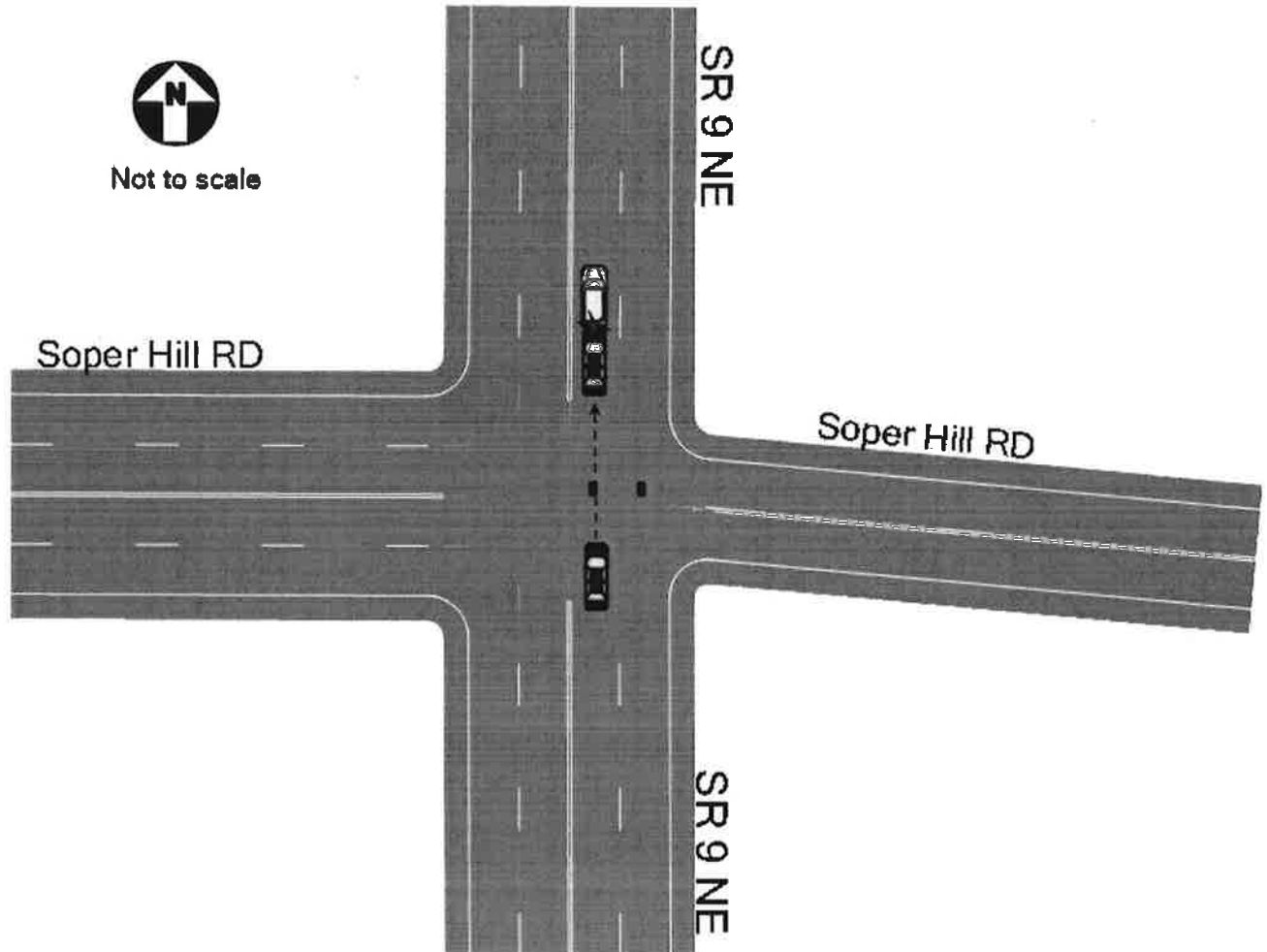
12/20/2015 4:44:33 AM

BADGE OR ID # 0133

ORI # WA0311900

TIME POLICE DISPATCHED 6:40 PM

TIME POLICE ARRIVED 6:44 PM



15305XL5View

12/18/2015 : 19:08:36 ss0133 Narrative: unit 1 is pc, unit 2 rav 4. unit 1 stated she was not able to slow down in time just north of soper in nb lanes of sr 9
 12/18/2015 : 19:05:30 SP0274 Narrative: 19N1/RESCUE CANCELED
 12/18/2015 : 18:58:17 SP0274 Narrative: RESCUE TOW ENRT
 12/18/2015 : 18:50:24 SP0408 Narrative: Narrative added from associated Call #: 991
 - WSP ENROUTE
 12/18/2015 : 18:50:14 SP0408 Narrative: Narrative added from associated Call #: 991
 - AC, NOW, 2 VEHS, UNK DESC, NON INJ, BLOCKING RIGHT LANE
 12/18/2015 : 18:49:05 SP0323 Narrative: 1 YEL 1 GRN
 12/18/2015 : 18:46:45 SP0323 Narrative: MINOR DAMAGE INVST
 12/18/2015 : 18:41:38 SP0263 Narrative: LOST CALLER,NFI
 12/18/2015 : 18:41:11 SP0263 Narrative: SILV SUV VS BURG OR COPPER PC,
 12/18/2015 : 18:40:17 SP0263 Narrative: INTERSECTION, 2 VEH, UNK INJS,SUV VS PC